



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON		GRADE O	Inspection Date:		ESTABLISHMENT NAME:	
Regular	<input checked="" type="checkbox"/>		7/31/19		LITTLE ONE'S CHILD CARE CENTER	
Follow-Up	<input type="checkbox"/>		Time In/Out:		OWNER/OPERATOR:	
Complaint	<input type="checkbox"/>		10:30 am 11:15 am		ESPINOZA, ARLYN A	
Investigation	<input type="checkbox"/>		RATING		LOCATION: 214 VANDERBILT	
Other:	<input type="checkbox"/>	A	Sanitary Permit No.:		Establishment Type:	
			20000-190001744		ROAD DEERDEN CV CCE/NURSERY	
No. of Children: 19 Male 12 Female 31 Total			PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired			
			Child Care License: No.: 180220 <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Provisional <input type="checkbox"/> Expired			

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

***Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:**

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title): Director

GLORIA BAGUINONG LIB

DEH Inspector (Name & Title):

J. CRUZ IZPABO